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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKMrs. REGINALD CLETIS WIGGINS

13 CV 2037

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

DETECTIVE VEGA, SHIELD # 5137  
TAX # 935916, OTHER DETECTIVES OF  
THE 119<sup>TH</sup> STREET 25<sup>TH</sup> PRECINCT  
WITHIN THE N. B. M. N -

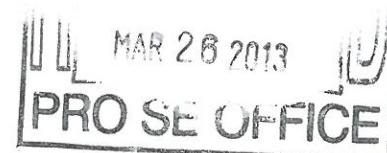
THE NEW YORK CITY POLICE DEPARTMENT,  
CORPORATION, AGENCIES.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## COMPLAINT

under the  
 Civil Rights Act, 42 U.S.C. § 1983  
 (Prisoner Complaint)

Jury Trial:  Yes  No  
 (check one)



## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mr. Reginald Wiggins  
 ID # 349-12-11511  
 Current Institution R. N. D. C. RIKERS ISLAND  
 Address 11-11 HAZEN STREET  
EAST ELMHURST, NY. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Detective VEGA Shield # 5137  
 Where Currently Employed 119<sup>TH</sup> STREET 25<sup>TH</sup> PCT. N. B. M. N  
 Address \_\_\_\_\_

Defendant No. 2 Name JOHN DOE Shield # UNKNOWN  
 Where Currently Employed 25<sup>th</sup> Pct.  
 Address \_\_\_\_\_

Defendant No. 3 Name JOHN DOE Shield # UNKNOWN  
 Where Currently Employed 25 pct  
 Address \_\_\_\_\_

Defendant No. 4 Name JOHN DOE Shield # UNKNOWN  
 Where Currently Employed 25 pct  
 Address \_\_\_\_\_

Defendant No. 5 Name New York City Police Dept, Corp, AGENT#, Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?  
119<sup>th</sup> Street 25<sup>th</sup> Precinct
- B. Where in the institution did the events giving rise to your claim(s) occur?  
INSIDE AND OUTSIDE OF THE CELL SEARCH AREAS, ALSO INSIDE THE DECTIVES TRANSPORTATION VEHICLE GOING TO 100 Centre Street.
- C. What date and approximate time did the events giving rise to your claim(s) occur?  
JULY 6<sup>th</sup> 2012, 1pm TO 5pm, I really can't recall the EXACT time they BATTERED me in the preciet.

D. Facts: I WAS ASSAULTED AND BATTERED BY  
NARCOTIC DETECTIVES OF THE 119<sup>TH</sup> STREET 25<sup>TH</sup> PCP IN  
EAST HARLEM NEW YORK CITY

What  
happened  
to you?

Who did  
what?

Detective VEGA # 5137 AND UNKNOWN NARCOTIC DETECTIVES  
COMMITTED ASSAULT AND BATTERED AGAINST ME. OFFICER VEGA #5137  
SLAMMED TO THE FLOOR AND PUT HIS FINGERS ON MY RECTUM, THEN HE  
AND OTHER OFFICERS HANDCUFF ME VERY TIGHT & HANDCUFF ME TO THE CELL BARS  
AND HANDCUFF ME BACKWARDS TO TRANSPORT TO BOOKINGS (A PUNISHMENT THEY SAY)

Was  
anyone  
else  
involved?

THE OTHER DECTECTIVES, I DONT KNOW THEIR NAME OR SHIELD  
NUMBERS WHO HELPED OFFICER VEGA ASSAULT AND BATTER ME IN  
THE PRECINCT.

Who else  
saw what  
happened?

OTHER PRISONERS WHO WERE ARRESTED THAT DAY. ALSO A YOUNG  
PRISONER IN THE TRANSPORTATION VEHICLE THAT TOOK US TO 100 CENTRE ST.  
HE WIPED MY FACE CAUSE I WAS SO HOT AND SWEATING FROM BEING  
HANDCUFFED BACKWARDS!!

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. MY RECTUM WAS HURTING AND BLEEDING AND  
MY BACK AND NECK HURTED FROM BEING SLAMMED ON THE FLOOR  
MY WRIST WERE BUSTED OPEN AND BLEEDING FROM BEING HANDCUFF.  
MY INJURIES WILL LAST IN MY BODY AND MIND FOREVER,  
I DIDNT GET MEDICAL TREATMENT CAUSE THEY TOLD ME TO  
KEEP QUIET AT BELLEVUE HOSPITAL AND I WOULD GO HOME  
FROM THE COURT. SO I DIDNT REPORT IT TO THE DOCTORS.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

#### A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No  NO

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

119<sup>th</sup> STREET 25<sup>th</sup> FCT.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I WOULD LIKE FOR THE

COURT TO SEEK JUSTICE FOR ME, AND TO MAKE SURE THE NARCOTIC OFFICER VEGA # 5137 AND OTHER OFFICERS WHO WERE INVOLVED DO NOT COMMIT SUCH A BAD ACT TO ANYONE ELSE ARRESTED FOR A CRIME IN THEIR PRECINCT.

I'M ASKING TO BE COMPENSATED FOR 50,000 FOR MY BATTERY, MENTAL ANXIETY, PAIN & SUFFERING FOR MY BACK, RECTUM, MY PERMANENT SCARRING ON MY WRIST FROM THE HANDCUFFS, AND OTHER VIOLATIONS AGAINST MY PERSON CAUSE I SUFFER FROM ONGOING NIGHTMARES AND DEPRESSION.

THANKYOU

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No \_\_\_\_\_

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Mr. Reginald Wiggins

Defendants Detective VEGA, OTHER Detectives, City of New York Police

2. Court (if federal court, name the district; if state court, name the county) New York  
City Comptroller Office, UNKNOWN - Corporation

3. Docket or Index number Unknown

4. Name of Judge assigned to your case Unknown

5. Approximate date of filing lawsuit August 18<sup>th</sup> 2012

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
UNKNOWN

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
UNKNOWN

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of MARCH, 2013

Signature of Plaintiff

Inmate Number

Institution Address

Mr. Reginald Clete Wiggins  
# 349-12-11511  
11-11 HAZEN STREET  
EAST ELMHURST NY 11370  
(RNDC)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13 day of MARCH, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Mr. Reginald C. Wiggins

CITY OF NEW YORK  
COUNTY OF NEW YORK

MR. REGINALD WIGGINS PLAINTIFF,

-against-

THE CITY OF NEW YORK

RESPONDENT

NOTICE OF INTENTION  
TO FILE CLAIM

TO: THE CORPORATION COUNSEL OF THE CITY OF NEW YORK:

PLEASE TAKE NOTICE, that the undersigned Claimant Mr. Reginald Wiggins, intends to file a claim against the City of New York, pursuant to Section 10 and 11 of the Court of Claims Act.

The Post Office address of the Claimant here in is:

For the time being I am representing myself.

Place of Incident and Address: 25<sup>th</sup> PRECINCT  
120 EAST 119<sup>th</sup> ST  
(2nd) 860-6511 (N.B., M.N.)

Date of Incident: JULY 6<sup>th</sup> 2012

The nature of the Claim is as follows: ATTACHED

Date: August 18<sup>th</sup> 2012

Mr. Reginald C. Wiggins  
CLAIMANT

